

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

10/510347

FILING DAY

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	23	→	23	→		→
TOTAL CLAIMS	24	██████████	24	██████████		██████████

*	W		W		
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			→		→
TOTAL DEP.			→		→
TOTAL CLAIMS		██████████		██████████	██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS